

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041034

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 301 Primary Registration District No. 6043 Registrar's No. 72

FILED OCT 21 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
1 0910		
2 4000		
3		
4 0		
5 1		
6		
7 0		
8 0		
9 9198		
10 43		
11 091		
12 92-0		
13 70		
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twp.		c. CITY OR TOWN Fenton	
Length of stay in lb minutes		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 2 mile S.E. of Fairdeal		d. STREET ADDRESS 337 Peffer Lane	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ALFRED LESLIE COPE		4. DATE OF DEATH SEPTEMBER 28, 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 10, 1927
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		11. BIRTHPLACE (City and state or country) Morehouse, Missouri	
10b. KIND OF BUSINESS OR INDUSTRY School Bldgs.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Cope		14. NAME OF HUSBAND OR WIFE Genola Cope	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Mrs. Genola Cope		Address Fenton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) D.O.A. (Accidental Gunshot Wound) (Shot in Chest by Shotgun) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Deceased hunting with brother when gun accidentally discharged.	
20c. TIME OF DEATH 10:00		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, school, factory, street, office bldg., etc.) Vicinity of Naylor, Mo.		20f. CITY, TOWN, OR LOCATION Naylor, Ripley	
20g. COUNTY Missouri		20h. STATE Missouri	
21. I attended the deceased from D.O.A. to D.O.A. and last saw her alive on D.O.A. Death occurred at D.O.A. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE James H. St. John (Degree or title)	
22b. ADDRESS 215 Oak Street Poplar Bluff, Mo.		22c. DATE SIGNED 10-2-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/2/1963	23c. NAME OF CEMETERY OR CRIMATORY Unity Cemetery	23d. LOCATION (City, town, or county) (State) Benton, Missouri
24. FUNERAL DIRECTOR Parrent Funeral Home		25. DATE RECD. BY LOCAL REG. 10-17-63	
26. REGISTRAR'S SIGNATURE Flawn Bragg			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

OCT 22 1988

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Gene N. Harrent

Licensed Embalmer No. 4809

P. O. Address Naylor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.